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SPECIAL ARTICLES

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DAVID H. FAUMAN, M.D.

INFANTILE MORTALITY

DR. E. N. A. SAVARD

THE PREVENTION OF CANCER

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OTTAWA SOCIAL HYGIENE COUNCIL

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The Public Health Journal

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The Significance of the Jewish Dietary and Hygienic Laws

By DAVID H. FAUMAN, M.B. (Toronto), L.M. (Dublin)

THE purpose of this short article is neither a statistical study nor a polemic for the Jew. These numerous, rigid, minute and detailed regulations are but little known. Yet these laws are of great antiquity and have been closely followed for over a score of centuries. They show a knowledge of pathological anatomy that is almost uncanny. It is an established fact that Jewish mortality statistics are lower than those of their neighbors. The Jew appears to have a greater immunity to certain diseases. An attempt will be made to briefly describe these laws and to note any relationship that may exist between them and general Jewish health conditions.

These various laws are not merely traditional customs, but an integral part of the religious code, closely followed by the orthodox Jew. The most important and numerous are the dietary laws, which consist of two great divisions.

- (a) What food is "Kosher"—i.e., clean, pure and may be eaten.
- (b) Regulations as to the method of meat slaughter and examination of the carcass for defects.
 - A.—Kosher foods.
 1. Any quadruped that is herbivorous, ruminant and cloven-footed whether tame or wild. Ex.—Ox, sheep, goat.
 2. Certain fowl, i.e., pigeon, hen, goose, duck, etc.
 3. Fish that have both scales and fins.

The outstanding examples of "Trefah" (unclean) foods are the swine, rabbit, oyster, clam and lobster.

- 4. "Ye shall not eat anything that dieth of itself" (Deut. 14:21).
- 5. "Moreover, ye shall eat no manner of blood" (Leviticus 7:26).

Therefore, the housewife keeps all meats salted for an hour and then washes it thoroughly in running water before cooking, to get rid of any blood remains.

6. The fat covering the kidneys, abdominal organs and flanks, certain blood vessels, sinews and membranes are not to be eaten. The established rule is to have all such portions removed from the meat by the butcher before it is offered for sale.
7. "Thou shalt not seethe a kid in its mother's milk" (Exodus 23:19.)

Therefore, no milk product is served at meat meals. There are two sets of china in orthodox Jewish homes. One for meat and the other for milk foods. The two are never mingled, nor washed together, nor dried by the same towel.

These, in brief, are the clean food regulations. It is interesting to note that the *TENEIA SOLIUM* (tapeworm) and the *TRICHINELLA SPIRALIS* are both found in the pig. (Osler.) Also that oysters and mussels have been proven to be definite typhoid carriers.

The orthodox Jew believes that the details concerning meat slaughter were given to Moses on Mount Sinai and are of Divine origin. This method has received the approval of the most distinguished physiologists and veterinary pathologists from the viewpoint of both hygienic and humanitarian principles.

The instrument or knife must be of a minimum length twice the width of the neck of the animal or fowl to be slaughtered. It must be exceedingly sharp, without the least trace of a notch or rust. The trachea, gullet, both carotids and jugulars must be severed in one continuous motion. This produces instant unconsciousness, for the brain's blood supply is at once depleted. There must be no delay, undue pressure or irregular tearing during the act. There are five principles involved in this act, and if any one is violated, the animal is not "Kosher".

The carcass is next subjected to a minute examination. Primarily there must be no loss of limb, dislocation of the thoracic arteries, internal injuries or congenital deficiency or duplication of a limb or organ. The official who kills and examines the animal is called a "SHOCHET". He is specially trained and must have a good anatomical knowledge, particularly of the pulmonary and abdominal organs. He is examined by a Rabbi, who grants him a diploma, and regularly supervises him.

The inspection consists of four grand divisions.

A—External. An animal is not "kosher" if it shows any gangrenous skin, injury, lack or duplication of hind leg; disease, fracture or dislocation of a thigh; tuberculosis in, or total absence of the upper jaw and nasal cavities.

B—Cranium and cerebro-spinal system. An animal is not "kosher" if it shows decay in any part of the cranium even without perforation of the dura mater; mutilation or fracture of the major part of cranium;

perforation of the arachnoidea; liquidization of brain; severance or mutilation of spinal cord.

C—Thoracic region. An animal is not "kosher" if it shows any perforation of gullet, trachea, bronchus (large) or pleura; block in any part of the lung; foul or discolored fluid or pus; change in color of lungs to ink-black, yellow, dark-grey or brown; adhesions between lobes or to heart, diaphragm or pleura; compression, inflation, or solidity of the lungs; cavities in lungs.

D—Abdominal cavity. An animal is not "kosher" if it shows signs of perforation or mutilation of the larger vessels or any viscus; presence of pus or foul fluid; marked discoloration of viscera; absence or duplication of viscera.

These regulations here are very briefly sketched. They are described in minute detail and the signs described are those that will be found in foot-and-mouth disease, cysticerci, parasites, tumors, T.B., actinomycosis, echinococci, chronic inflammation, etc.

The general hygienic laws are not as numerous, but show a wonderful grasp of personal and civic hygiene. They were centuries in advance of their time and most of them are true to-day. Only a few will be mentioned.

The leper and various other infected persons were segregated without the City and their clothes destroyed. A woman is unclean for seven days after menstruation and for at least forty days after labour. All those who have undergone a period of uncleanness for any reason, before they may resume social or family contacts and privileges must be thoroughly bathed in flowing water. Any person coming in contact with a corpse is unclean and must be purified. A minutely described form of hand-washing in flowing water, before eating, is followed. Drinking-water must not be left uncovered. Minute regulations insist on the necessity and frequency of bathing. The neglect of one's health is considered a serious sin. Excreta must be buried outside the town. The cemeteries, tanneries, etc., must be outside the city limits. Mingling in crowds during epidemics is prohibited. Sex relations are carefully described. These are but a few of the very numerous regulations. They give an idea of the importance in which hygienic laws were held by the Hebrews.

Now a word as to Jewish morbidity statistics. A survey of the evidence shows that the Jewish mortality rates throughout the World are definitely lower than those of their neighbors. Only two examples will be given here.

	Jewish	General
Mortality in U.S. of children under fifteen years.....	28.67	56.4
General mortality rate in U.S.....	14.85	26.6

These figures are per thousand of population.

Chicago shows an interesting example of two adjoining river wards in both of which sanitary conditions were equally bad. In one ward the population was predominately Jewish with a death-rate of 11.9—the adjoining ward had very few Jews and a death-rate of 16.6 per thousand.

The causes of this lower mortality are various and not due to differences of an anatomical or physiological nature. The Jews are more nervous, have a larger portion of insane, from social causes, ghetto restrictions, etc., and not because their nervous system is in any way anatomically different. In the ghetto, where the Jews were more or less segregated from their Christian neighbors and could pursue their mode of life according to their ritual and traditions, they had a low morbidity rate. There were no alcoholic excesses, little venereal disease, marked family devotion, complete rest on the Sabbath, and the full benefit of the observance of these dietary and hygienic laws. The most significant fact is that where the Jews commingle and assimilate freely, adopting their neighbors' customs and habits all too readily and haphazardly, their death-rate increases. Vital statistics show the death-rate of American-born Jews at 9.16 per thousand and of foreign-born Jews at 7.61. Venereal diseases and alcoholism are seen in greater numbers among the native Jew as compared with his recently imported brother.

The conclusions to be drawn are quite obvious. Primarily no country is a sinless Paradise, secondly the Jew is not an Angel, and finally civic and religious privileges must be paid for. Emerson's theory of compensation is still true if not always obvious.

A casual perusal of these various laws will show a marvellous knowledge of pathology and hygiene. Where did Moses and those well-nigh legendary Rabbis who followed him, obtain their knowledge? Why did no other nation of that period or for centuries later possess even a rudiment of that knowledge? Who can say? The orthodox Jew states quite simply that they are of Divine origin. After all, the origin of that knowledge is not important to-day.

There is a point of view in regard to the strict observance of this code and its effect on the Jew, which the author has not hitherto seen mentioned. The Jew lived for centuries under conditions so difficult that it is hard to imagine them. Let us momentarily forget all religious, racial and political persecution with the inevitable train of abuse, massacres, violated women, etc. Let us consider the physical aspects of Jewish life. For centuries the Jew lived shut in a ghetto, in overcrowded, unsanitary hovels situated in the city's darkest, narrowest, foulest alleys. He was not allowed on the farms. He was a city product engaged in petty training and sedentary occupations which required long hours of labor under wretched conditions, poor light and foul air. Much of his spare time was spent in dim little synagogues in Talmudic study. The poverty was grind-

ing, the general tone of life at a high nervous pitch, always in constant fear of fresh restrictions or abuses. For every petty official the Jew raised his hat and stepped from the sidewalk. Orders for summary evacuation could always be expected.

And yet, not only has the Jew survived, but somehow actually thrived. Is it because he is the "Chosen People"? A theological discussion, here, will not clarify the problem. Certainly the regulations described above would tend to improve health conditions. That point cannot be over-emphasized.

Most important is the fact that the rigid observance of these numerous laws—and only a few have been mentioned here—was at all times rather irksome and difficult. They isolated the Jew from his neighbors. They could not eat at the same table. Differences were always intensified. Intimacies difficult. Inter-marriage impossible. To be a pious Jew entailed persistent sacrifices and constant difficulties. There was no middle course. Judaism could not be sacrificed for material success, pomp or privileges. One was a Jew first, and successful or not—as the case might be—afterwards.

It was hard to be a good Jew. Yet, in the author's opinion, it was that very difficulty that enabled survival. The Jew always keenly realized these difficulties, and rather gloried in them. The various regulations were not perfunctorily observed, but minutely studied and enlarged and enthusiastically followed. It was difficult, but it tended decidedly towards keenness of vision, strength of character, mental exercise, will control, and the ability to choose one's path and persist in it at no small cost in physical, mental and financial welfare. All too often life itself was the price paid for that insistence. The race developed "the will to live". The New England Puritans were somewhat like that.

There was of course little assimilation. This tended to develop a pure stock with certain definite physical, mental and moral traits. But there is nothing in the multitude of Jewish law that would detract from decent citizenship. The Talmud frequently repeats the injunction: "The law of the land shall be thy law".

To-day we face the difficult problem of immigration. The words "assimilate", "melting-pot", etc., are on the tongue of every glib politician, half-baked social worker, and ranting, reactionary journalist. What shall we assimilate, and what shall we melt? To assimilate means primarily to break down the inherent characteristics of a substance to produce something entirely different.

The author believes that the pure-bred is superior to the hybrid; that every racial or national group has certain peculiar, definite traits and qualities developed through the centuries for a variety of reasons, that are unique and distinctive; that in the building of a great commonwealth

these distinct racial traits should be encouraged in order to develop a state that will benefit all the more from the many sidedness of human thought and effort. Only the goal must be the same: the happiness and glory of the state. Let each one give according to his inherent gifts.

Consider the diamond. It consists of a multitude of tiny facets, some small, some large, irregular or even, of all shapes. Each facet catches only a tiny ray of light—of different colors—itself of little importance, the sum total a thing of gorgeous rainbow light and beauty.

There are also the British Isles to be remembered. There is the stolid Briton, the stoical, prudent, zealous Scot, the fiery Irishman, the poetical, mystic, visionary Welshman; different groups, different blends, and each insisting fervently on the right to maintain and perpetuate these differences; and yet all working as a united whole and eminently successful. Why should we, here, attempt to produce a jelly-like uniformity with its concomitant mediocrity?

The Jew, here as elsewhere, is gladly embracing the privileges and opportunities of liberty and tolerance. Often though, he is not choosing wisely, and paying too dearly. Frequently he discards assets that have long been of value and adopts habits which must harm him. For, alas, he is in many cases too strenuously trying to assimilate. He no longer wishes to be known for his differences. In peoples, as in flivvers, there can be the dread monotony of mediocre uniformity. The benefit is doubtful. Distinctiveness is superior to uniformity.

Would Canada have good Jewish citizens? The author humbly asserts from first-hand knowledge, that it is essential they be good Jews first.

Infantile Mortality

BY DR. E. N. A. SAVARD,

Inspector General, Provincial Bureau of Health, Montreal, Que.

THE Government of the Province of Quebec has recently instituted a campaign against Tuberculosis and Infantile Mortality, and has voted an appropriation of \$500,000.00 to be used exclusively for the above purpose, during a period of five years, \$100,000.00 being consecrated each year to this work.

PROGRAMME OF CAMPAIGN.

1. Popular Education—

- (a) Lectures illustrated by the cinema or slides, to be given by the sixteen district inspectors in all the municipalities of the Province;
- (b) Literature, pamphlets, tracts, newspaper articles;
- (c) The teaching of hygiene in all the schools. Our inspectors have already prepared for this purpose papers for the use of teachers.

2. Consultation Centres—

- (a) Anti-tuberculosis clinics (the keystone of the anti-tuberculosis campaign, says Dr. Leon Bernard, Professor of Hygiene at the University of Paris). These clinics will be under the direction of competent physicians, assisted by trained nurses, but following a preparation course of some months in the clinics and hospitals already established in Quebec and Montreal.
- (b) Infant Clinics or Gouttee de Lait as numerous as possible.

3. Auxiliary Works—

- (a) Maternal Assistance.
- (b) Grancher Institutions.
- (c) Holiday settlements.
- (d) Open air schools.
- (e) Farm settlements.

TREATMENT.

Isolation hospitals and sanatoria. The Government has already entered into an agreement with a number of institutions, such as

the Laval Hospital at Quebec, Lake Edward Sanatorium, St. Agathe Sanatorium, and has granted a large sum of money towards the construction of a hospital in Montreal.

Some clinics are now open, others will be opened shortly in other centres of the Province, but the foe must be fought on its own ground. For this reason an investigation should be made to find out in what part of the Province it exercises its greatest havoc. As Tuberculosis is rarely if ever declared, it is impossible for us to ascertain merely by the reports of deaths where it is most prevalent. Our district inspectors consequently will be called upon, with the help of physicians, to make a census of all the tuberculous patients, and clinics should be opened in every place where they are much needed.

Infantile Mortality is the outcome of four principal causes:

1. Pre-natal causes.
2. Post-natal causes.
3. The dangers of the pre-school and school period.
4. Contagious diseases.

PRE-NATAL CAUSES.

Premature birth and general debility bring about a high rate of Infantile Mortality.

These causes are consequent upon the weakening of the health of the parents especially through Tuberculosis, Alcoholism, Syphilis, overwork in mothers and future mothers in workshops and factories.

Strenuous efforts are now being made to combat Syphilis and Tuberculosis. A number of years ago, an educational campaign was undertaken against Alcoholism which should be carried on unrelentlessly. Societies or private organizations who are interested in social work should give special attention to the welfare of mothers and pregnant women. The latter when forced to earn their living in workshops or factories should be exempted from work at least during the four last months of pregnancy. Clinics for expectant mothers should be more and more numerous. These women thus bound by the double obligation of maternity and daily work are worthy of all our care and should be held sacred to us because of their help in shaping the future of both race and country, and also because theirs is the true ideal of feminine dignity under the triple crown of Love, Maternity and Work.

POST-NATAL CAUSES.

- (a) Gastro-enteritis;
- (b) Diseases of the respiratory organs and especially tuberculosis.

(a) Gastro-Enteritis is the heaviest burden on the record book of Infantile Mortality in the Province of Quebec. Its principal cause is ignorance in regard to feeding babies. It is more often than ever the consequence of erroneous feeding as it is exceptionally found in babies fed by their mothers, especially when such feeding is rationally practiced.

This disease is much more prevalent in babies fed with the bottle, and is the rule in babies fed with other things than milk, or when milk is given in too large quantities, or when it is of bad quality.

It could therefore be prevented by giving the infant a food perfectly adapted to its digestive organs, according to certain requirements concerning quantity and quality. This food is Mother's Milk.

NECESSITY OF MATERNAL FEEDING.

Mothers secrete a milk specially adapted to the infant's needs during all the time it has to be fed by them.

That a child benefits by such food is demonstrated by the fact that out of 100 babies who die under one year of age, 90 have been deprived of their natural feeding; in other words, a child not fed by its mother is 9 times more exposed to death than the child thus nourished. It follows that the most imperious and sacred duty of a mother is to feed her baby herself.

A FEW ERRORS.

This rule of maternal feeding is unfortunately ignored at the present time, and the forsaking of their duty by mothers can be termed a real social wrong. Unfortunately this deplorable example is not always given by the unhappy and the poor, but by those whose education and social position should protect them against such an error.

Lacordaire, the famous Dominican preacher, once truly said: "She who has never fed her baby is only half a mother."

Maternal feeding is not only beneficial to the child, but also to the mother. Many nervous, anaemic women who incessantly complain of headaches, pains in the stomach, neuralgia, are freed from these ailments through feeding their babies. Their appetite

becomes regular, their digestion is facilitated, and their complexion becomes fresher.¹

On the other hand, a child fed by his mother is more easily brought up; his growth is more regular and more considerable, his health is better, his complexion is rosier, his limbs are firmer, his teeth come out normally, and rickets are a thing unknown to him; intestinal troubles may be his lot, but are always slight and of little consequence. He sleeps better, plays more joyfully, and is better able to resist disease.

Numerous are the mothers who would like to perform their duty, but who do not think they can. In all good faith, they bring forward such and such an impediment of indifferent health, of feebleness, of anaemia, of an insufficient development of the breast. They believe that feeding with the bottle will be of more benefit to their child than a scarcity of unnourishing milk.

Neighbours, and sometimes their physicians, help them in such delusions and advise them not to feed their babies.

To these victims of ignorance and prejudice it should be affirmed that it is possible in most cases for them to acquit themselves of their duty towards their child. It can be said without fear of error that 90 per cent. of the mothers are able to feed their children.

MIXED FEEDING.

Whenever it is found that for a reason a mother has not enough milk or that her milk is too poor, she should nevertheless continue her feeding, but these defects should be corrected by also giving the child pasteurized cow's milk. This is what is called Mixed Feeding, and it can be given in two ways: either by replacing a few meals at the breast, by some with a bottle, or by making a shorter meal at the breast and completing it with a certain quantity of cow's milk. This quantity should be determined according to the age of the child, but during the five first months, the mother's milk should always constitute more than half of each meal.

Mixed feeding has the following advantage over purely artificial feedings:

1st—Mother's milk may be fed partially;

2nd—Mother's milk helps the child's stomach to better digest cow's milk.

¹Feeding in mothers has sometimes been said to deform the figure. "Georgian and Circasian mothers, who are reputed to be the most beautiful women on earth, always feed their children."

3rd—The child's stomach is already accustomed to cow's milk when it is fed to him exclusively after the fifth month.

ARTIFICIAL OR BOTTLE FEEDING.

When it becomes impossible for a child to feed on its mother's milk either at birth or later, recourse must be had to the milk of an animal. This is what is called Artificial Feeding.

Such feeding should only be resorted to when it is proven that the proper one is utterly impossible; it is the most frequent cause of gastro-enteritis, and consequently of Infantile Mortality.

Through the pasteurization of milk, popular education and Baby Welfare Clinics, considerable progress has however been made towards decreasing the evil.

Cow's milk is habitually used on account of the facilities in getting it and of its abundance. Like mother's milk, it contains all the substances necessary to nutrition, and growth. It is a complete food. It differs chiefly from mother's milk in that it contains more casein, less sugar and a higher quantity of mineral salts. Cow's milk is unfortunately not constantly identical in composition; it may be modified by different factors, first falsifications such as skimming, watering and chemical alterations, such as the addition of antiseptics to prolong its preservation.

Cow's milk contains numerous germs or microbes. Some come from the cow itself when the animal suffers from a contagious disease such as tuberculosis, etc.; others come from external causes. For instance, they may be deposited in milk from the air, but more often they are due to a lack in cleanliness; they may come from the udder soiled with manure, or from the hands of milkers or from dirty pails and other utensils, or from polluted water.

All these germs find in milk a most favorable multiplication ground especially during summer time. Through their cultivation in milk, the greater number of these microbes form toxins which are real poisons. These toxins may determine in the child severe accidents such as green stools, vomiting, in a word gastro-enteritis or cholera infantum. Before being consumed, cow's milk should always be sterilized to kill all microbes.

PASTEURIZATION.

Pasteurization as practiced is not always efficient unless it be carefully made under supervision and as soon as possible after milking at a temperature of from 143° to 145° F. and during thirty minutes.

PASTEURIZATION AT HOME.

At home, pasteurization is done either by heat or by boiling during three minutes, or by heating in a water bath at 100 degrees. By this last process, called the Soxhlet process, the milk is poured in small bottles, each containing the necessary quantity for one meal. These bottles are stoppered with sterilized absorbent cotton and are placed in a pan containing water that is boiled during forty minutes, then the bottles are placed to cool and are kept thus in a cool place.

Before being fed to the child, a bottle is placed in hot water to warm the milk, then the cotton stopper is replaced by a nipple.

This sterilization is not complete because it may be so only at 100 degrees but it is however sufficient when the entire milk thus treated is to be consumed inside of twenty-four hours.

VITAMINES.

Vitamines are substances similar to ferments. Their exact nature is still unknown but their presence in foods and especially in milk is an indispensable factor in nutrition. Their absence causes troubles of nutrition, such as scurvy, ricketts, Barlow's Disease, etc.

From the researches of Albert Carrigues, I have summed as follows the question of vitamins:

Vitamines are numerous but until the present time, chemical science has determined only three groups:

1st Group.—Vitamines B., soluble in water and alcohol: easily destroyed by alcalins especially when warm. Thus they are destroyed in canned green vegetables to which has been added carbonate of sodium. They are sensitive to heat. But it has been found necessary to heat up to 120° centigrade to obtain a total absence of their effects by sterilizing various cereals subject to the test. A great difference has however been found to exist between various types of vitamins, for instance the vitamins of the carrot would bear as much as 100° centigrade during half an hour and 115° during three-quarters of an hour without being modified. Whilst those of the bean would loose as much as 40° when heated up to 120° centigrade.

Vitamines B are to be found in many animal or vegetable products. They are found in milk, whey, the yellow of the egg, the brain, the liver, the pancreas and a little in muscles. They exist in great quantity in yeasts, and also normally in the roots, stems, leaves and fruits of vegetables and in the grains of cereals.

For this reason the excessive boiling of flour impoverishes it by depriving it of the vitamins it may contain. Foods deprived of vitamins B would cause beri-beri.

2nd Group.—Known under the name of Vitamins A. Insoluble in water but soluble in alcohol, in fats and oils. Sterilization does not seem to have any action upon them. They are to be found in great quantities in fats, in butter, in cod liver oil. They do not exist in most vegetables. They are found in very small quantities in roots, especially in carrots and in some tubercles.

The absence of Vitamins A. in food would produce certain eye troubles, such as oedema of the lids, xerophthalmia, etc. They would seem to act particularly on growth. Some authors attribute rickets to the absence of vitamins A. in food.

3rd Group.—Vitamins C. or anti-scurvy vitamins, so named because their absence, according to some authors, would cause scurvy. Vitamins C. are found in raw potatoes, in cabbage, dandelion, sorrel, lemon, oranges, green vegetables. They are also found in milk in more or less great quantities according to the animal producing milk. Vitamins C. are very sensitive to heat. But lemon juice and sorrel preserve their vitamins after heating up to 110° centigrade.

From this, it should be concluded—

(1) That the mother who feeds her child must have recourse to foods rich in the vitamins indispensable to nutrition;

(2) That the disadvantages of purifying milk from microbes through heat should not be exaggerated.

The boiling and pasteurizing of milk such as practiced at home leave enough vitamins in milk. Even industrial sterilization if recently done, deprives milk of vitamins but exceptionally. It is the ageing of milk after pasteurization that causes the disappearance of vitamins. When they are found to be insufficient in foods and especially in milk, they can be replaced by other vitamins such as those of vegetable broths, lemon, orange or grape juices.

HYGIENE OF ARTIFICIAL FEEDING.

The rules of artificial feeding are based upon those of breast feeding. The dilution of the milk only providing for somewhat larger quantities.

The digestibility of cow's milk being inferior to that of mother's milk, it also becomes necessary to lengthen the interval between each meal, thus giving three hours instead of two hours and a half at the outset.

Morfan sets the following rules:

During the first month, equal parts of milk and boiled sweetened water; during the second and third months, two parts of milk to one of boiled water; at the fourth month, three parts of milk to one of water.

If this mixture is well tolerated, pure milk is then tried. Thus the child takes daily seven meals of 90 grammes of milk (about three ounces); 100 grammes during the second month; 120 grammes (about four ounces) during the third month; 125 grammes during the fourth month; from the fifth month, milk shall be given pure; from the sixth to the ninth month, about 175 grammes of pure milk (about six ounces) form a meal.

The above is only mean quantities and should be administered only to children weighing seven pounds at birth.

As the digestive aptitudes varies with each child, as well as the average growth, it is not an easy thing to establish a general rule. The child's weight should serve as a guide.

OTHER MEASURES.

Mothers should pay a daily attention to the color of the children's stools which is the guide to the way in which digestion is done. Normal stools are pasty, nearly odorless and of a sulphur yellow colour and non-acid.

Stools showing white and hard lumps signify that the milk was not well digested, that there is an excess of casein, over-feeding or stomacal dyspepsia. When the lumps are pasty and easily crushed, they show that fats have not been digested or that there is an excess of cream or intestinal dyspepsia. Stools that become foul smelling show that there exists abnormal fermentation. Their coloration in green shows a biliary excess or intestinal infection.

Acidity of the stools produces an irritation of the skin which reveals itself by redness of the seat and around the anus. Acidity is in this case caused by the fermentation of milk fats. In this state, the milk contains more butter fat than the child is able to assimilate; the milk should then be skimmed.

DISEASES OF CHILDHOOD.

The diseases appertaining to childhood are few and drugs should be used sparingly. Severe hygiene and proper diet are sometimes more efficient than the best prescription. Parents should never worry because their physician does not prescribe and they

should never give any drug to a child without the advice of the doctor.

Soothing syrups of all kinds, nostrums and too well advertised remedies with false and glowing testimonials are baby-killers and should be left upon the shelf of the store. They may cause untold misery and even death.

Always be suspicious of diseases which start insidiously as they very often may be the onset of a severe illness.

To prevent smallpox all children should be vaccinated before they are four months old, and even at birth whenever there are any cases of that disease in the neighborhood.

When a child has diarrhoea, the doctor should be called at once. It often happens that this is done too late. As soon as green stools appear, stop all feeding and give the child a dose of castor oil. Then give him only boiled water instead of milk.

When the doctor does not come at once, continue giving the child boiled water during 24 and even 36 hours; if the stools do not improve then give him barley or rice water at meal time, increasing meanwhile the intervals between each meal as the digestion is slower.

Never allow the whims of a child to guide you. His age does not prevent a child from understanding that by crying he may bring you to satisfy his desires. He will cry whenever he wishes to drink, to be taken off his crib, to be fondled, carried about or rocked. Parents who do not learn to resist such appeals from the first day, will only lay in store for themselves all sorts of annoyances and trouble and will render their child the worst service.

RESPIRATORY ORGANS.

A great number of children die during their first or second year from diseases of the respiratory tract, especially from bronchopneumonia. Such diseases are chiefly caused, especially during winter when houses are far too much heated; by sudden changes in the temperature.

Tuberculosis may attack a child from his birth until his third year, and for this reason he must be kept under strict supervision. A child living with tuberculous patients is an easy prey for this disease and for that reason should be taken away as soon as possible.

In France, Dr. Grancher, has founded an institution which takes care of such children, especially in the country. Its purpose is two fold; to save the child and keep him in the country.

The greater number of such children are entrusted to the care of farmers; nurslings are placed in special houses under the care of physicians and nurses.

This institution has given such good results wherever it exists that it is no more permissible to ignore it in this country where efforts should be made to establish it as soon as possible.

Tuberculosis of the milch cow is more prevalent than is thought of in this country. The child until three years old is very often fed only cow's milk and is thus exposed to the contagion. The tuberculin test whereby tuberculosis is found in milch cows should be more generally practiced in this country. Until this is done, a good means of protecting our population against tuberculosis of bovine origin is the pasteurization of milk of which we have already spoken. Industrial pasteurization is easily made in cities; in the country, home pasteurization of the milk should be resorted to as more practical.

INFANTS ASYLUMS.

The usefulness of infant asylums is well known; those houses in which children are taken care of for the day, while the mothers are out at their work, and where the care of children is taught, are institutions which should exist in all cities.

BABY CLINICS.

Mothers may find all the knowledge they should have to protect their babies against disease in health centres known under the various names of *Gouttee de Lait*, *Baby Health Centres* or *Clinics*. The consultations given in these institutions are followed up in the families by visiting nurses.

Baby clinics were first instituted in 1892 by Prof. Budin of the Hospital de la Charite, Paris. Since then they have scattered all over the world and have given the most encouraging results. There are quite a number of them in Montreal and in other Canadian cities where they do a great deal of good. They should become more numerous and every physician ought to help their spread.

PRE-SCHOOL AND SCHOOL PERIOD.

During this period, children are more exposed to diseases of nutrition like ricketts and also to contracting contagious diseases. When the time comes of attending school, children should be closely taken care of. They then often suffer from physical effects

which may hinder their growth, diminish their resistance to illness and make them a prey to various disease of which the principal is tuberculosis. For this reason, the medical inspection of schools should exist in every part of this province. Von Pirketts test for children of pre-school and school age as tried at Framingham gave very good results.

The teaching of hygiene should be made general and compulsory in all our schools.

In late years, our teaching orders of the Province of Quebec have gone far in the good direction by giving such an education. In all primary schools there should be elementary course in hygiene which could be completed in normal schools, colleges and convents. Students in the higher educational establishments should be taught in their last year the more advanced notions in hygiene and especially concerning venereal diseases. Our silence on this point might be held in reproach against us by unconscious victims of these diseases. It seems it would be much better were such notions to be given by physicians with all the necessary precautions than leaving our boys and girls to learn them in conversations and in books where they are not always given with proper discretion and clearness.

CONTAGIOUS DISEASES.

Contagious diseases are the bane of our families in an alarming proportion, on account of the ignorance of too many persons. At the Provincial Bureau of Health, we find it very difficult to get all physicians to make the necessary declarations. Cases are kept secret and quarantine rules are too often ignored.

One may too often see children suffering from contagious diseases brought in moving picture theatres, a fine and successful way indeed of spreading them. It does not require after all so much thought to see that isolation, quarantine, disinfection are the best weapons against communicable disease and for curing those affected with them.

You have had distributed to you some forms for epidemic enquiry and you see there is a card offered which we prepared for the use of the municipal authority. That card is so simple to fill in they only write the name of the disease and how many cases and the officer has only to sign his name and post the card in the post-office free. One goes to the District Inspector and the other one goes to the Provincial Board of Health. Since that card has been

distributed to the Provincial and Municipal authorities they comply very easily. We receive the declaration from the local municipal authority much better since that card is used but the trouble is with the doctor. Doctors very often do not declare their case in the Province of Quebec. There is the trouble, but when the doctor declares the municipal authority sends us that card rightly.

The other forms are for the enquiry of communicable disease, one form for each disease. The local Health Officer is called on to fill that form and send to the District Inspector. As soon as a communicable disease case is noticed in a municipality if they send in that form we can act immediately.

The Prevention of Cancer*

By ADAM H. WRIGHT, B.A., M.D., CHAIRMAN, PROVINCIAL BOARD OF HEALTH OF ONTARIO.

THE statement that cancer is increasing and that it is due chiefly, or at least largely, to certain habits and customs closely connected with what we call civilization is not new. In fact it is very old.

Many in Europe and America are convinced that a large proportion of internal cancers, especially of the alimentary canal, are caused by supposedly simple (although often really very complex) disorders, which can be prevented or cured before the formation of malignant growths. Therefore internal cancers are to some extent at least preventable.

INTESTINAL STASIS.

"To the genius of Sir Arbuthnot Lane we owe our understanding of the far-reaching effects of chronic intestinal stasis. Although we have not yet found the full solution of the cancer problem may we not justly believe that we are at the dawn of a new era in the prevention of this dread disease?"

This statement, almost, if not quite, startling in character, was made in an address delivered to the Hunterian Society by Dr. A. C. Jordan, President of the Society, and published in the *British Medical Journal*, December 25th, 1920. It seems to me one of the most important statements ever made in the history of medicine.

The distinguished Colonel McCarrison says that in his experience during nine years of professional work, chiefly surgical, among several uncivilized races in Central Asia, he found no asthenic dyspepsia, no ulcer of the stomach or duodenum, no appendicitis, no mucous colitis, no cancer.

Lane attaches much importance to McCarrison's statements, which are in accordance with his own experiences, and states positively that intestinal stasis produces cancer either by traumatism or indirectly by the deleterious influence exerted on the tissues by the toxins circulating in the blood.

Jordan tells us that in chronic intestinal stasis active pathogenic bacteria thrive in the bowel. These form poisonous products in the intestines which are carried by way of the thoracic duct into the general circulation, and thus reach every living cell of the body. No tissue or organ can resist their baleful influence; every tissue attacked by them loses some of its

*Read at the Annual Meeting of the Ontario Medical Health Officers' Association, May 22nd, 1923.

power of resisting pathogenic influences, and this lowered resistance has a very potent influence in favoring the occurrence of cancer.

"Colitis leads to cancer." X-ray investigation shows that chronic catarrh of the large intestine is an extremely frequent condition in stasis. It is obstinate to treat, slow to recover, and apt to relapse. This catarrh is called colitis: mucous, membranous or ulcerative. In the more advanced stages, although there may be no definite ulceration, there is always erosion of the mucous membrane—a condition which encourages the occurrence of malignant growth. My own opinion has always been, and is now, that in the treatment of cancer we have to rely chiefly, or always when practicable, on surgery or irradiation.

Physicians and surgeons are approaching agreement in certain points as follows: cancer is produced by irritation. It begins in a certain spot. If not cured, destroyed or cut out, it spreads and becomes constitutional. The irritation may be physical as, for instance, lumps of food rubbing against the mucous membrane of the stomach, or lumps of feces against the mucous membrane of the bowels. Or it may be chemical from the action of the poison in the blood on the cells of the tissues. This chemical theory is doubted by many, especially surgeons.

Intestinal stasis is the primary condition in 90 per cent. of internal ailments, *i.e.*, those first appearing anywhere between the œsophagus and the lower end of the rectum. I think it causes, directly or indirectly, more than half of all cancers of the bowels. The prevention of stasis, or its cure in the early stages, will, in a large proportion of cases, prevent the formation of cancer. The two conditions closely associated with intestinal stasis, as cause or effect or both, are indigestion and constipation. These are both serious ailments. Indigestion should always have careful treatment, and its cure is often difficult.

The housewife knows what will happen if she leaves meat, milk, eggs, fruit and other foods exposed to the air in a room with a temperature of 90° F. They always "go wrong." Similarly when undigested or partially digested food through stasis or partial stasis is retained too long in the intestinal canal where the temperature is about 100° F. fermentation and putrefaction occur, resulting in a filthy and poisonous condition of the bowel contents and a general toxæmia, which is really blood poisoning.

CANCER OF THE GASTRO-INTESTINAL TRACT IS STEADILY INCREASING.

Let us consider some phases of cancer of the stomach. In connection therewith I shall take the liberty of speaking personally. In my earlier years of practice I was duly impressed with statements then made which have been repeated by many up to the present time: that cancer of the stomach comes suddenly without warning like a "bolt from the blue." About forty years ago I commenced to study very carefully certain cases

and I reached the conclusion that there were generally preceding symptoms which were then and are now frequently designated ordinary signs of simple indigestion. Then I began to think there was no such thing as simple indigestion. For over thirty years I have always treated indigestion carefully, having in mind the possibility or probability of cancer as the end result, and I believe that I have sometimes, perhaps frequently, prevented the dread disease. I have no means of proving the correctness of such a statement; but I feel certain that careful treatment of these so-called "minor ailments" always produces certain good results, and I thoroughly agree with the teachings of Sir James McKenzie in this phase of therapeutic measures.

Allow me to quote again from Dr. Jordan: "I find myself in direct disagreement with the view that cancer of the stomach comes generally 'out of the blue' with no preceding history of gastric trouble. I can scarcely recall or find notes of a single case which supports the notion that cancer comes 'out of the blue.' In nearly every case there is a life-long history of constipation, flatulence or biliousness, and radiological investigation reveals incontrovertible evidence of long standing disorder."

Dr. Fred. Starr read a very interesting paper in Ontario County last October on "Cancer of the stomach," his main object being to show the vast importance of early diagnosis. In his last thirty-nine cases up to the end of 1921, he was able to perform a radical operation (resection) in thirteen cases. He was able to do only a palliative gastro-enterostomy in twelve cases. Of the whole number, eight were living and well when he wrote—from one to five years respectively after the operations. This goes a little beyond our subject (prevention), but in addition to the advisability of early study of symptoms, it is encouraging to learn that surgery can do so much in the early stages. But even so Dr. Starr will, I think, agree with us when we say prevention is better than the best surgery.

In connection with intestinal stasis the mind naturally turns at once to constipation as the chief cause. I think it was Leonard Williams who first said "Constipation should be one of the easiest things to diagnose, but it is really difficult." Many people who have what they consider daily motions have seldom complete evacuations of the bowels; and such people are often "walking septic tanks." The intestinal canal is large (capable of much distention) and long—over twenty feet of small, and over five feet of large intestine. If one goes to the closet and simply empties a few inches he may not accomplish much in the way of general housecleaning.

And now please let me give my personal "Confession of Faith": We use faulty foods, or good foods badly balanced, or both. As a result there is not proper digestion. Fermentation takes place in certain foods,

especially the starchy; putrefaction in others, especially the protein class—meat, eggs, milk, etc. Those evils are increased by constipation with intestinal stasis. As a consequence we get upset metabolism with the production of poisons which are absorbed and pass into the system. With these evils we have mechanical irritation, and catarrhal inflammation with the formation of ulcers of the stomach, small intestines, and large intestines, which sometimes develop into cancers.

For thirty-five years I have consistently and persistently endeavored to prevent cancer of the gastro-intestinal tract by the following means: (1) preventing faulty diet; (2) treating early symptoms of indigestion; (3) preventing intestinal stasis; (4) treating intestinal stasis as early as possible. It is easy to give these simple directions, but often a difficult task to carry them out efficiently. The methods and remedies to be employed are so multitudinous that no attempt will be made to describe them. Fortunately all efforts in the direction indicated will do some good, they cannot in the least degree be harmful. Moreover, I can say with confidence that I believe they will, in a large proportion of cases, prevent that worst of modern scourges—cancer, and also, it happens fortunately, other serious diseases.

DISCUSSION.

DR. FRED CLELAND: Now that you have learned from the previous speakers how very little we really know about cancer, what are we to do about it? The only point upon which we all agree is that cancer is curable by radical removal in its early and localized stage. No matter where the cancer is situated, this is true; and we also know that it is invariably fatal if it is not removed. As regards cancer of the uterus and cancer of the breast, the operative technique has been perfected to a very high degree and nothing more can be hoped for in this way. As the possibility of a cure is dependent upon early diagnosis and operation, a great responsibility rests upon the physician first consulted, and it is, therefore, his duty to positively exclude the presence of cancer before any other treatment is instituted. I believe, however, that delay in consulting a physician is more frequently due to the insignificance of the early symptoms than to the carelessness either of the patient or physician. In many cases a patient puts off going to a doctor because she thinks that cancer cannot be present without producing pain, because she is afraid of a surgical operation, or because she is reluctant to submit to the necessary examination. The American Committee for the Control of Cancer suggests that a legitimate use can be made of publicity in the education of the laity by giving lectures, sending out pamphlets, etc., the work being done under the control of physicians. This society has already incorporated a campaign along these

lines, and I would ask you to be sympathetic in your attitude toward it. It has proven to be of great value in other countries.

Several years ago a campaign for the education of physicians, midwives and the general public in the symptoms of uterine cancer was started in East Prussia by Winter. The methods adopted were the following:—

1. All general practitioners throughout East Prussia were instructed in the methods and importance of early diagnosis.

2. Midwives were instructed to send suspicious cases immediately to the physician.

3. Articles were published in important newspapers, informing the public as to the early symptoms, and urging them to seek immediate advice.

The reports obtained showed that in the period from 1889 to 1902 the patient was examined internally by the physician at the first consultation in 46 per cent. of the cases, whereas in 1910 this was done in 100 per cent. In 1889-1902, the midwife sent the case immediately to the physician in 32 per cent. of the cases; in 1910 in 55.8 per cent. In 1889-1902, the patient sought advice soon after noticing the first signs of cancer in 62 per cent. of cases; in 1910 in 69.8 per cent.

The good results of this campaign have led to the formation of similar organizations throughout Europe and in the United States.

Knorre reports the results of a similar campaign in the Baltic States of Russia, commencing in 1908. Three years later replies to a second series of letters showed the following results in 504 cases:

Thirty-nine per cent. consulted the physician within three months after noticing the symptoms, as against fifteen per cent. at a previous investigation. In five per cent. only had local treatment, douches, etc., been prescribed without any internal examination by the physician first consulted. Only a few physicians reported any increase of nervousness in regard to cancer.

At a meeting of this kind, it would be out of place to take up time discussing the merits of the different forms of treatment, or to discuss the relative applicability of surgery, X-ray or radium; but I know of no other body of physicians to whom an appeal for co-operation in the early diagnosis might more rightly be made. The Public Health Association can do much in educating the public to seek help early for relief in this terrible disease, and I ask from you your hearty co-operation in the efforts of the Society for the Control of Cancer.

Ottawa Social Hygiene Council

EXHIBIT FOR "MEN ONLY," CENTRAL CANADA EXHIBITION,
OTTAWA, ONTARIO, SEPT. 7 TO 17.

EARLY this summer the Ottawa Social Hygiene Council approached the authorities of the Central Canada Exhibition with a formal request for space in which to display an exhibit for Men Only for the purpose of showing, by means of posters, slides and wax models, some of the incidences, ravages and methods of prevention of syphilis and gonorrhoea. The request was favourably considered and a choice of two or three spaces was offered, but these were considered by the Council to be inadequate for the nature of the exhibition. Representations to this effect were made to the Directors, with the result that finally a large space over the Fire Hall was offered and accepted. The position was very prominent; but the Council felt that the fact of being upstairs might keep many from dropping in who might have done so had it been on the ground floor; but it was also felt that the subject was of sufficiently interesting nature to make a trip upstairs worth while, which conviction proved correct.

The entire wall space was covered with interesting illustrated posters from England and the American posters "The Venereal Menace" and "Keeping Fit" for boys and adults; portraying the right and wrong way of teaching children about sex matters and the ultimate result of each method; others illustrating the value of healthy sports, physical training, regular habits, wholesome literature, art, etc., in the life of every child in producing soundness of mind and body. Others still, showing by statistics and illustrations, the terrible ravages caused by Venereal Diseases, how these are caused and how they may be avoided, also the contrasting joys and happiness of normal healthy living. To these were added a few illustrated cards advertising the literature procurable and the free clinics in Ottawa and Hull for the treatment of venereal diseases.

Through the courtesy and co-operation of the Provincial Board of Health, Toronto, the council was enabled to display, for the first time in Canada, some very valuable life-size wax models procured by the Board of Health from Paris, France, and loaned to the council. These models are copied from life in wax and painted by artists to represent cutaneous lesions of syphilis and gonorrhoea.

An attractoscope, loaned by the Canadian Social Hygiene Council, was conspicuously placed in the room. This ran continually, displaying slides

of much the same nature as the posters in story form. The slides were produced by the American Social Hygiene Association, series 100 to 600 inclusive, all of which were of educational value in regard to sex hygiene, venereal diseases, their causes, prevention and cure, including the dangers incurred by resorting to unorthodox and self treatment.

An abundance of pamphlets issued by the Federal and Provincial Governments (Departments of Health) were placed conveniently on tables with cards inviting the public to help themselves. These pamphlets dealt with syphilis and gonorrhoea and sex hygiene for men. Other literature of valuable educational nature, pertaining to sex matters, child questions and answers, etc., was available for purchase at cost price.

Dr. Hunter and Dr. Beatty, from the Ottawa General Hospital, volunteered to take charge of the exhibit every afternoon and evening, and through the kindness of the Medical Officer of Health, an inspector was loaned by the City Health Department to take charge in the mornings.

The exhibit was opened to the public at noon the first day and in less than half an hour, the large canvas sign outside the door downstairs had encouraged many to come upstairs to see this unique exhibit. The first day, being Children's Day at the Fair, the Doctors were kept busy trying to keep out the very small boys, as it was not considered advisable to admit boys under 14 years of age, unless accompanied by their fathers. All advertisements clearly stated that the exhibit was "Free for Men Only"; in spite of this, however, many women found their way upstairs, either with their husbands or friends, only to be told at the head of the stairs that no ladies were admitted, at which much disappointment was evidenced. This continued to happen at intervals during the first two or three days until the exhibit was better known. Before the exhibit closed the first night at 11 o'clock between seven and eight hundred men and older boys had visited our rooms, and we are pleased to report that from the first moment the exhibit opened, every man and boy who came to the room showed extreme interest in everything. The posters were all carefully read, interested groups gathered about the attractoscope and the glass cases containing the models. Never on any occasion was there any rowdiness, roughness, laughing, jeering, jostling or anything disorderly in the manner of the crowd, but always an atmosphere of keen interest and thoughtfulness.

When the inspector arrived each morning, small groups of men were already waiting to be admitted, as they said they were busy through the day and could only come early. It was necessary to close the exhibit for an hour or more each morning for the purpose of cleaning and readjustment, and there was always a group waiting to get in when the exhibit was again declared open. Each day showed a large increase in the attendance, the second day amounted to between twelve and thirteen hundred and on

the last four days there were between two thousand and two thousand five hundred each day, so that we estimate that the exhibit was seen by between twelve and fifteen thousand men and boys during the week.

Dr. Hunter found that people at first seemed reticent about asking questions or buying literature, in spite of printed cards saying that the Doctor in charge would be pleased to answer any questions and supply special literature upon request. He, therefore, decided to give a little talk periodically, explaining the wax models, and stating that he would be pleased to answer any further questions, telling them also of the value of the literature on sale. This increased the interest and encouraged people to ask questions, it also gave the Doctor an opportunity of getting in closer touch with those who were anxious for further information. This was rather a strenuous undertaking, but very much enhanced the educational value of the exhibit.

His Worship, the Mayor of Ottawa, came with some friends to view the exhibit and expressed himself delighted with it, stating that it should have been shown years ago and was absolutely what was needed. He went away and returned with another group of friends. The Doctors report that this occurred many times throughout the exhibit. They noticed several men who came again and again bringing different friends with them. A prominent man of a near-by town asked if it would be possible to loan the whole exhibit for the annual fair there, but later wrote that it would be difficult to provide sufficient space at the fair and they would like to have the exhibit shown separately at a later date. Amongst hundreds of favourable remarks heard from time to time, we are pleased to report that one man told the Doctor that he and his son had come over 30 miles to the exhibition, and if they did not see anything else but our exhibit, they felt that their trip had been more than worth while.

The Doctors reported that while at first the crowds came as a result of advertisement cards and posters distributed throughout the grounds, they soon realized that they came later because some one who had seen had told them about it. The entrance gates could be seen from our windows, and men could be seen coming direct from the gate to our exhibit. The Doctors also noted that many women who came to the Exhibition with men waited for the men downstairs while they came up to our exhibit, and many men inquired as to when the exhibit would be shown to women and if there would be further opportunities of seeing the exhibit after the Exhibition had closed.

This being the first time that these wax models and such an exhibit had been shown in Canada, it was an experiment which might have caused adverse criticism, but the council is pleased to report that nothing of the nature has reached our ears, and we have received nothing but favourable reports and hearty co-operation from everyone. We have since learned

that the first day the exhibit was opened, the Police advised the Exhibition authorities to close the exhibit, as such exhibits had been attempted elsewhere and had always had to be closed. But the authorities advised the police that part of the exhibit had been loaned by the Provincial Board of Health and that the council was co-operating with the Government in its educational campaign against venereal diseases, and we were permitted to carry on. While it was never necessary at any time to ask for assistance from the police, they always gave us to understand that they were ready to do what they could for us when we required them, and they always kept a careful watch for us at night, as did the firemen stationed in the fire hall below us.

The Council feel very gratified that the experiment seems to have met with such success and they feel quite justified in asking for larger space next year, being confident that the Exhibition authorities will continue the same measure of courtesy and co-operation extended this year. Our sincere appreciation is extended to them, to the Secretary and Superintendents of the Fair, to the Provincial Board of Health, the Canadian Social Hygiene Council, the Local Board of Health and especially to Dr. Hunter and Dr. Beatty, whose untiring efforts enabled the Council to successfully accomplish one of its largest undertakings.

At the request of one or two Doctors, the exhibit closed to men for an hour or so one or two mornings in order that some of the city nurses might have an opportunity of seeing the models, etc., and upon their suggestion the Council is now considering an exhibit in the near future for Women Only.

Canadian Social Hygiene Medical Report Appears

A Report of the Medical Committee of the Canadian Social Hygiene Council on the Standardization of the Diagnosis and Treatment of Venereal Diseases, has just been put in circulation by the Department of Public Health at Ottawa by whom many thousands of the Report have been issued.

The Report represents the work of a committee of thirty-five prominent men and women physicians acting under the able chairmanship of Dr. Edmund E. King of Toronto. Final editing of their findings and recommendations was done by Dr. J. J. Heagerty, Chief of the Division of Venereal Disease Control in the Dominion Department of Health, and the intention is to place a copy in the hands of every practising physician in the country.

The Report, which is a well produced pamphlet of twenty-two pages, includes the following sections and sub-sections: Medical Research and Laboratory Questions; with sub-sections dealing with Licensing of Men doing Wassermann Tests and Standardization of the Methods of Making Wassermann Tests; Diagnostic Tests in Syphilis by Demonstration of Treponema Palladium; Significance of Wassermann Reaction; Negative Wassermann Reaction; with sub-section Precautionary Measures; Wassermann Tests in Connection with the Treatment of Syphilis Especially as an Evidence of Cure; Treatment of Syphilis and Relative Value of Arsenicals and Non-Arsenicals; with sub-section Eligibility of Marriage; Minimum Requirements of Treatment; Treatment of Syphilis; with sub-sections dealing with Early Primary Cases, Dark Field; Wassermann Positive, Secondary, Tertiary and Latent Syphilis; Hereditary Syphilis; Early Preventive Treatment against Syphilis; Gonorrhoea; Treatment of Acute Urethritis; Complications of Gonorrhoea in the Male; Chronic Gonorrhoea; Pelvic Gonorrhoea; with sub-sections on treatment and standard of cure; Treatment of Chronic Gonorrhoea; with sub-sections on Clinical Examination, Bougie a Boule, Urethroscopy, Blood Examination, Treatment and Standard of Cure; Gonorrhoea in the Adult Female; Treatment of Gonorrhoea in the Female; Diagnosis of Gonorrhoea in Children with sub-sections on its Treatment, the Rationale, Complications and the Standard of Cure of Vulvo Vaginitis in Children.

The Report recommends that "all laboratories, including university laboratories, doing Wassermann tests, shall be licensed by and under

the supervision of the Provincial Board of Health" and urges "private, university, hospital, municipal and provincial laboratories, in the use of these tests, to adopt recognized methods, so as to approach uniform results for the purpose of comparative study."

This valuable Report is expected to prove of immediate and practical usefulness to every practitioner in Canada and cannot fail to become an indispensable adjunct to all who make a specialty of the treatment of venereal diseases.

The personnel of the Medical Committee whose extended labours have resulted in its careful preparation and publication is as follows: Chairman, Dr. E. E. King; Secretary, Dr. C. H. Archibald; Members—Dr. Gordon Bates, Dr. Kendal Bates, Dr. Noble Black, Dr. W. Colling, Dr. M. A. Cox, Dr. H. C. Cruickshank, Dr. H. K. Detweiler, Dr. E. C. Dixon, Dr. W. E. Ferguson, Dr. A. G. Fleming, Dr. Edna Guest, Dr. C. H. Hair, Dr. E. B. Hardy, Dr. F. W. Hassard, Dr. Hewett, Dr. G. Howland, Dr. W. Jones, Dr. W. W. Lailey, Dr. Lillian Langstaff, Dr. J. C. McClelland, Dr. R. A. McComb, Dr. Alex McKay, Dr. F. W. Marlow, Dr. E. A. Morgan, Dr. R. W. Naylor, Dr. H. E. Paul, Dr. Robin Pearse, Dr. G. W. Ross, Dr. Geo. S. Strathy, Dr. E. J. Trow, Dr. W. T. Williams, and Dr. A. I. Willinsky.

The Canadian Social Hygiene Council will follow this Report immediately by another one on the same subject prepared specially for the instruction of nurses and for use in all training schools throughout Canada.

Social Background

A Social Study of Clinical Cases

BY MILDRED KENSIT.

THIS afternoon I am going to tell you some facts about the social conditions of Venereal Disease patients, as disclosed by a recent survey that I have just completed for Dr. Gordon Bates in Toronto.

The great difficulty one has met with in the past in discussing the question of the social aspects of Venereal Diseases has been the lack of available data. To reach the public and to make them realize the seriousness of the social problem of Venereal Diseases, rampant among all communities in which we live, it was felt that the quickest way to bring these problems home to the public mind was to collect certain facts from the patients themselves. With this end in view, I was instructed by the Toronto Social Hygiene Council to search the actual social case sheets and records of Venereal Disease patients attending hospital clinics in the City of Toronto and the Mercer Reformatory, and in the case of women patients a personal interview was sought and many additional facts were obtained not before recorded. Very few cases of either men or women who denied immorality, but claim they were innocently infected are recorded in this survey, because one of the principal ideas in making the survey was to try and arrive at causes and conditions which lead to immorality, followed as a result by infection of Venereal Diseases. 156 records were examined, 100 being women, and 56 men, the large majority of the women being personally interviewed after a study of their social case sheet. The main points it was desired to find out were:—

1. What standard of education had been reached by each individual and at what age did the girl or boy leave school, and what were their reasons.
2. What occupations did they follow on leaving school.
3. How did they spend their recreation hours.
4. What were the home conditions.
5. At what age did immorality take place.

Address given at the Social Case Workers' Conference of the Neighborhood Workers' Association, April 18th, 1923.

6. What were the circumstances surrounding and leading to immorality.

7. What sex education had they had.

I am not going to give you a formidable array of statistical figures which are easier to understand when one can study them quietly from a written report, but rather I want to make you see through my eyes some of the circumstances that surround the scourge of Venereal Diseases, that you may feel spurred to fresh efforts and to aid to the uttermost of your power the organized efforts that the Hamilton Social Hygiene Council is making to meet some of these problems.

Let us now return and examine in detail the points I have already referred to. As regards the standard of education reached by the patients, it was found that most of them had had some education at public school, but that only a small percentage completed public school grades or went on to High School. The standard of education was higher among the men than among the women. Among the women 13 per cent. left in Junior III. as against 2 per cent. of the men in Junior III.; 11 per cent. women left in Senior III. as against 7 per cent. of the men; 15 per cent. women left in Junior IV. as against 23 per cent. of the men; 14 per cent. women left when they reached Senior IV. as against 1 per cent. of the men, while only 5 per cent. of the women went on to High School while 13 per cent. of men spent over one year in High School. The lower grades make up the balance of the 100 per cent.

Most of the men and women left school for economic reasons at the age of fourteen years. The next step in the investigation was to ascertain what occupations were followed on leaving schools. The women were namely absorbed into domestic service, factories, waitresses, clerks, hotel maids and prostitutes and a proportion were living in their own homes. Among the men about one-third entered some trade and the rest became drivers, labourers, clerks, mechanics, chauffeurs and salesmen.

The occupational work of men showed that they do not change the kind of work in which they are engaged as the women do. It is difficult to give exact figures as to the occupation of women as it was found they so frequently changed their work, remaining for a year or two in domestic work, then perhaps trying factory work or becoming waitresses in restaurants. One very prominent fact was shown up in tracing the social conditions of women and that was the ever recurring tale of starting life after leaving school in do-

mestic service, then in a year or so, sick of domestic conditions and isolation, they drifted into cafes as waitresses and from there the next step was to become a prostitute. These steps were traced in the lives of no less than 22 per cent. of the women interviewed. Approximately 53 per cent. of girls leaving schools go into domestic service. Of this number only 15 per cent. remained in housework.

The domestic question is one of the acute problems of to-day from three points of view. The mistresses' briefly stated is the shortage of supply and the inferiority of the supply when obtained.

The girls' point of view is the lack of any interest as to her recreation hours or circumstances, her exceeding isolation and loneliness in service, which drives her into danger or out of service altogether.

The concern of the community is that 50 per cent. of the unmarried mothers are provided from the domestic class, that 30 per cent. of the illegitimate children die in infancy and 7 per cent. of the children born of unmarried mothers have Venereal Disease.

The question of recreation is a very important one and a very big problem in the life of the community. Economic conditions which tend to gather large numbers of people in congested areas, lead to overcrowding in living conditions and lack of play spaces. It is only within recent years that people have begun to realize the necessity of providing healthy normal play facilities which play so large a part in the normal development of the human race.

To commercialized recreation such as movies and dance halls, which the survey showed ranked as the leading attraction, patronized by more than 65 per cent. and 56 per cent. of the patients respectively, and which cater to the desire for excitement in contrast to the monotony of industrial and domestic life, is added the obsession of motoring, which permeates society from top to bottom. The auto to-day enters largely into the downfall of men and women. I say both sexes advisedly, for though it has been customary in the past to speak of the downfall of the girl alone, the man's immorality is just the same moral sin as that of the girl and its results are the same in the resulting infection of Venereal Diseases. In 48 per cent. of girls' immorality the motor car is an important factor.

Now, I want to show you briefly what a strong influence the lack of normal home conditions has in its effect upon immorality. It is a well-known fact that what is known in social parlance as "broken homes", that is to say where either one or other of the

parents is missing, either being dead or has deserted or some other separating factor operates, plays a large part in the making of delinquent boys and girls. The following table shows that these conditions existed in 69 homes out of 100.

Death of father	18
Death of mother	23
Desertion by father	5
Desertion by mother	2
Parents separated	9
Institution (orphan)	7
Drink (on part of parent)	4
Sickness (on part of parent)	1

69

Therefore "broken homes" entered into the social conditions of 69 per cent. of girls examined.

Home conditions among the men did not show the same relation to immorality as in the case of women. Immorality appears to be looked upon by men as a legitimate practice in response to their desires. I found the men were not generally immoral so long as they were married. Statistics showed that 94 per cent. of the men practised immorality while they were single.

As might be expected immorality was largely among the single, 77 per cent. among the women were immoral while single.

The investigation showed that the greatest immorality takes place among young girls at the ages of 15, 16, 17, 18 and 19 and among the men at the ages of 16, 17 and 18.

The facts as revealed by the investigation as to the location of immoralities shows that the auto to-day plays a most important part and in relation to the opportunity to get out of the city figures largely in the place at which immorality takes place and appears gradually to be relegating the regular house of prostitution into the background. Among the women 45 per cent. were immoral while out in autos and with an additional 15 per cent. out on the country roads in which the auto played its part in getting away from the city shows that in almost 60 per cent. of cases of immorality, the auto is the predominating factor.

Other locations in their order of precedence were girls' rooms, 20 per cent.; hotels, 19 per cent.; houses of prostitution, 18 per cent.; men's rooms, 11 per cent.. Another phase in the auto traffic was the frequency with which the girls were known as "on call",

that is to say, the taxi drivers telephone girls who are prepared to expose themselves to the driver's customers. The usual charge of \$3.00 for the girl and \$2.00 for the driver. Among the men the figures were much the same except that houses of prostitution ranked higher with the man than autos.

The circumstances under which the men and women met was exceedingly difficult to classify, as both men and women come under several headings, sometimes one condition prevailing, sometimes others. The most common method of meeting is what is known as "a pick up" from the street, unknown to each other previously. The next in order was that of solicitation. One surprising fact was the frequent immorality between old friends. Only a small proportion were introduced to one another in a normal manner. Regarding the question of payment for immorality the following facts were disclosed. Over 48 per cent. of the women were paid cash varying from \$2.00 to \$15.00. Others accepted as payment clothes, meals, dancing and theatre tickets, joy rides in autos and 23 per cent. accepted no payment whatever.

Under the heading of Sexual History it was found that sex education was conspicuous by its absence and in a few cases where women said they had knowledge, when questioned, it was found that this knowledge only amounted to vague ideas not to do such and such a thing and the women had no real knowledge of themselves or the forces controlling their lives. Seventy-seven per cent. of the women had no sex education whatever. Most of the men admitted they knew very little about sex matters and where they had knowledge it was gained in the army.

The reasons given for first immorality fell mainly under five headings with the women in the following order. Mutual agreement, desire to have money to spend, persuaded at first, or forced the first time or under promise of marriage. Among the men the predominating factor was desire and in many cases under the influence of liquor.

I have given you a brief summary of some of the outstanding features in the survey of the social conditions of those infected with Venereal Disease among the delinquent class and patients attending free clinics of hospitals, which covers only one section of the community. The figures might not be so high were it leavened by the inclusion of the better educated with higher standards of life and ideals. I think you will agree with me that we have some big problems to grapple with, calling for preventive and

constructive work. A great deal of time, energy and money is being spent to-day on purely palliative measures, all very necessary but I think it behooves us to spend more of our energies for the future in constructive work which in the end lessens the necessity for the palliative work.

Some of the conditions now existing as revealed in the Survey might well be changed in the near future along the following lines:

1. Organized meetings to teach parents how to present to their children the facts of sex life backed by principle.

2. Improving the conditions of domestic service by interesting ourselves in the women's leisure hours.

3. The need of providing supervised boarding homes for girls living away from home.

4. Child Welfare work in all its branches commencing from prenatal treatment to diseased mothers, placing of children deprived of normal homes in foster homes rather than in institutions, provision of playgrounds in congested areas, which is as important in the normal development of children as education, Juvenile Courts with their ideal of protecting delinquent children rather than meeting out punishment.

5. Last, but not least, in importance is the great necessity that all organizations should keep full records of their cases and of the work done with their clients. This is an absolutely necessary basis for constructive work, both as regards a record as to what has been done and for such purposes as surveys to collect specific information as a guide for constructive action.

In conclusion let me once more stress the point, that though palliative measures to help present conditions are necessary, let us turn our main efforts towards constructive work; we must build for the future through the children of the nation.

Correspondence

The Campaign Against Objectionable Literature

The letters printed below are a few picked from the many which have reached the office of the JOURNAL with reference to the editorial in the June issue entitled "It is Time to Act". Further correspondence on the subject will be printed each month.

University College,
September 19th, 1923.

Editor,

PUBLIC HEALTH JOURNAL:

I am sorry, but not surprised, to read what you say in regard to objectionable literature. I am not surprised because the attitude of the world in general has undergone a revolution in my life time in regard to matters of sex. Whatever of good or bad, this revolution may have, in either case, there is likely to be such a development as you indicate.

I have no belief in extension of government supervision. As far as I have knowledge, it never has been successful. The most fundamentally corrupting influences always seem to escape, because they are veiled naturally! In the matter of the theatre, it is notoriously a failure. Such interference is injurious because it always gives a sense of security.

Again, I don't believe in making people good by law and force. I do not, any more than Nulton who was both a liberal and a puritan, believe in a "cloistered virtue".

I am,

Yours sincerely,

W. J. ALEXANDER.

Editor,

PUBLIC HEALTH JOURNAL:

I was very much interested in an editorial which appeared in your June issue—"It is Time to Act"—dealing with the need for a closer supervision of the magazines and other literature being sold to our young people.

As this is a matter which concerns the welfare of the city, I shall be glad to do anything I can to further your ideas, and should appreciate it if you would let me have any further information you may

have on the subject, together with any suggestions you may care to make as to action which might be taken or restrictions which should be enforced.

Thanking you for bringing the matter to my attention through the medium of your editorial pages, believe me,

Sincerely yours,

ETHEL SMALL

(Chairman, Toronto Board of Health).

September 11th, 1923.

Editor,

PUBLIC HEALTH JOURNAL:

Your editorial on what Canadians read should be reprinted in every daily newspaper in Canada. There is no subject upon which there has been more official and individual apathy except that of bad movies which is a relatively recent menace and already shows some signs of betterment in conformity to public sentiment. Years ago when editor of the *Canadian Courier*—now defunct largely because of American magazine competition—I wrote a number of articles against this particular form of American penetration. Seven years ago the same paper began a pioneer campaign against the Menace of the Movies. The two are almost identical. The news-stands reflect very closely what may be seen almost any day on the screen, certainly what used to be the regular feature of the average movie a few years ago. That a partial reform has come about in moving pictures and only wholesale deterioration in undesirable magazines, is due to the fact that organized public effort has backed up unorganized public sentiment in one case and failed to do so in the other. Even yet there are movie posters quite as vicious as the magazines which your editorial condemns. I think there should be a general clean-up organization to get rid of both bad magazines and bad movies.

We have a Canadian Authors' Association whose primary function seems to be safeguarding of copyright. A stock grievance of members of that Association is that Canada is a poor market for Canadian writers; that many of our best writers have to cross the line to sell stories. Does it ever occur to the Authors' Association that Canada by this time would have become a fair market for Canadian writers if none but the better class of American magazines could be admitted to this country? When fifty per cent. of the literature-buying at Canadian news-stands consists of such matter as that to which your article refers, is it much wonder that Canadian periodicals have brief and hazardous lives, that some of them are still-born, that even the oldest of them have symptoms of anemia, and that it is economically impossible to maintain a good

Canadian feature magazine without a commercial organization to back it?

We hear a great deal from official and publicist sources about Canadian political autonomy. When did we ever hear a public citizen in Canada say anything about autonomy in literature, amusement and morals? It was the late W. T. Stead who in reply to what might be his opinion about ultimate annexation of Canada by the United States said that every nation "has a right to go to the devil in its own way". But Canada long ago abrogated even that privilege. We buy a large share of our bedevilment in literature, moving pictures and social sentiment from the exploiters of indecency in the United States.

A thinly-scattered nine millions of people adjacent to a nation of 110 millions highly organized in industry, finance, periodical literature, music and arts and theatricals, must of necessity have a heavy adverse balance of trade in most of these commodities. We are glad to be able to buy good music, good magazines, good books, good plays and good movies across the line, because we are unable to produce enough of these things for ourselves and cannot easily import them from Europe. But the bulk of our buying in entertainment goods is the kind of thing that better reflects a big nation which has had more experience both in great developments and in "going to the devil" than we have, ourselves. The "underworld"—much of it genuine, a great deal of it trumped up by vendors of cheap copy, may be a native characteristic of big American cities; it is native enough to some of our own; but in the name of any kind of autonomy if we have to deteriorate let us do it in our own way, and if we have any hope of developing a healthy big nation here let us cease to spend so much of our money and time and energy on importing vice.

Yours very truly,

AUGUSTUS BRIDLE.

September 11th, 1923.

Editor,

PUBLIC HEALTH JOURNAL:

Toronto, Ontario.

Dear Sir—

Your editorial in the June issue of the PUBLIC HEALTH JOURNAL has been placed before me. In response to your suggestion, I would state that I believe that this much is quite within the limits of sane and sober criticism. I do not read all of the journal referred to and do not profess to be a literary critic. I do not believe that it would be wise for the Social Hygiene Council to be too energetic in the criticism of present day literature. Too often would-be uplifters and pussy-footers

endeavour to satisfy the torments of "A buried sex complex" by reading "forbidden" literature and thereafter rush into print to warn those whom they consider the weaker members of the human family.

Yours very sincerely,

J. HEURNER MULLIN,
Hamilton, Ontario.

592 Notre Dame Ave.,
Winnipeg, Man.

Editor,
PUBLIC HEALTH JOURNAL.
207 York Bldg.,
Toronto, Ont.

Dear Sir—

Allow me to congratulate you upon your editorial regarding salacious magazine reading, comment upon which is appearing in the Canadian press. If this means that you are inaugurating a campaign please count on me to help in any way possible; for while I am not one who believes much in censorship, I consider that there is a very insidious menace in the particular direction to which you point.

I am not in favor of banning American magazines or anything like that as I do not consider that Canadians can afford to become provincial in their viewpoint and there are many very fine publications reaching us from the United States. Erotic stuff, reaching high-school girls, however, has achieved such proportions in this country that action of some sort is surely justified.

Aside from any moral considerations, some of this material is of such poor literary quality that there is no excuse for reading it, no matter how broadminded one's viewpoint may be. I think you will find every Canadian author and critic unanimous in supporting you and I shall bring the matter to the attention of our branch of the Canadian Authors' Association.

With every good wish, believe me,

Very sincerely yours,
HOPKINS MOORHOUSE.

Editor,
PUBLIC HEALTH JOURNAL,

Dear Sir—

I have read the Editorial "It is Time to Act" relating to the miserable and lascivious literature introduced into this country from the States. It is a curse there as well as here; and is so regarded by those who know.

It may be impossible for the U.S. to handle their home problem; it surely cannot be impossible for us to prevent their troubles from crossing the line. There may be honest defenders of liquor, even of bootlegging—but there can be no defenders of this kind of material, other than those commercially interested. I shall certainly do all that is possible to aid in the exclusion of such literature.

With kindest regards.

Very sincerely yours,

H. W. HILL,

Public Health Institute,
London, Ont.

News Notes

The Dominion Council of Health meets in Ottawa on December 11th, 12th and 13th.

The Annual meeting of the Canadian Social Hygiene Council will be held in Ottawa on December 10th and 11th.

The Toronto Red Cross Society have raised over \$65,000.00 for the Japanese Relief Fund to date. This is indeed interesting in face of the fact that many people are under the impression that the Red Cross Society is no longer functioning. The Toronto Red Cross Society contributes between \$14,000.00 and \$15,000.00 a year to the Christie Street Hospital besides contributing a considerable amount to the work of the D.S.C.R. in providing milk, butter and eggs, etc., to returned soldiers.

Dr. Oscar Klotz, Professor of Pathology, who has recently been appointed to the staff of the University of Toronto, delivered an interesting address at the Academy of Medicine, Toronto, on November 6th on "Medicine in Brazil".

Dr. J. J. R. Macleod, M.B., Ch.B., D.P.H., F.R.S.C., F.R.S., Professor of Physiology, University of Toronto, was the guest of honor at a banquet tendered him on the occasion of his return from Edinburgh where he delivered the Cameron Lectures in Physiology. The 70 guests represented the Medical Profession from different parts of the Province. Among those at the head table were Sir Robert Falconer, Drs. R. T. Noble, H. B. Anderson, J. A. Temple, F. L. Grasett, Adam Wright, I. H. Cameron and Alexander McPhedran.

The Council of Directors of the International Union against Tuberculosis held its annual meeting in Paris on July 26th, 1923, at the headquarters of the League of Red Cross Societies. Twenty members of the Council from different countries met under the presidency of Dr. Dewez of Brussels.

Professor Leon Bernard, Secretary General, gave an account of the development of the Union since the Brussels conference. It was decided that the following questions should be placed on the agenda of the conference to be held at Lausanne in September, 1924:

(1) Relations between pregnancy and tuberculosis. To be reported on by Prof. Forssner (Stockholm).

(2) Do there exist naturally or can there be produced artificially saprophytic forms of Koch's bacillus which might become virulent tuberculosis bacilli? Report by Prof. Calmette (Paris).

(3) Effects of the organization of the anti-tuberculosis campaign in different countries on the decrease in tuberculosis mortality. Report by Sir Robert Philip (Edinburgh).

The report of Prof. Bosançon (Paris) on the question of the "respective value of techniques for research of Koch's bacillus for diagnosis of lesions in human tuberculosis" gave rise to an interesting discussion. This report will appear in the next number of the Bulletin of the International Union against Tuberculosis.



The Provincial Board of Health of Ontario

Communicable Diseases Reported for the Province for the Month of October, 1923

COMPARATIVE TABLE.

Diseases	1923		1922	
	Cases	Deaths	Cases	Deaths
Cerebro-Spinal Meningitis.....	....	....	4	4
Chancroid	4	....	2	....
Chicken Pox.....	196	....	*....	....
Diphtheria	286	13	395	40
Dysentery	6	2	*....	....
Encephalitis Lethargica.....	3	3	*....	....
Gonorrhoea	242	....	170	....
Influenza	22	9	....	....
German Measles.....	1	....	*....	....
Measles	208	....	166	....
Mumps	40	....	*....	....
Poliomyelitis (Acute Anterior)....	....	....	38	2
Pneumonia .....	....	90	....	129
Scarlet Fever.....	517	8	369	5
Septic Sore Throat.....	4	....	*....	....
Smallpox	23	....	21	1
Syphilis	130	....	229	....
Tuberculosis	187	90	175	112
Typhoid	137	16	111	32
Whooping Cough.....	185	7	149	11
Goitre	4	3	*....	....

* Not reported in 1922.

Notes on Current Literature

(FROM THE HEALTH INFORMATION SERVICE, CANADIAN
RED CROSS SOCIETY)

Health Habits

The instruction of school children in health habits and ideals. An address by Miss S. L. Jean of the American Child Health Association before the National Conference of Social Work, Washington, D.C. "Mother and Child", July 1923, page 291.

Maternal and Child Hygiene

New York State's plan for maternity, infancy and child hygiene as outlined by Florence McKay, M.D., Director, Bureau of Child Hygiene, New York State Department of Health. "Public Health", Michigan, July 1923, page 267.

Child Hygiene in Toronto

Dr. A. Grant Fleming describes the activities of the Toronto Department of Public Health in prenatal care, infant and child hygiene. THE PUBLIC HEALTH JOURNAL, Toronto, July 1923, page 291.

Child Hygiene in New York City

The Bulletin of the New York City Department of Health for June 1923 reviews the work of the Bureau of Child Hygiene during 1922.

School Medical Inspection

The technique and results of school medical inspection. "Mother and Child", July 1923, page 315.

Health for School Children

A report of the Advisory Committee on Health education of the National Child Health Council.

Health of School Children

An address by the Director of Public Health, University of Michigan, before the American Medical Association, on constructive health activities in the public schools. "The Journal of the American Medical Association", August 4th, page 378.

Mouth Hygiene for School Children

By Alfred C. Fones, D.D.S., Director, Division of Dental Hygiene, Board of Education, Bridgeport, Conn. "Mother and Child", August 1923, page 339.

Social Hygiene

The American Social Hygiene Association has recently issued two pamphlets on community education in social hygiene. One pamphlet deals with principles and the other with methods of organization.

Malnutrition

A paper read by Beatrice Woodward, R.N., before the Nurses' Annual Convention at Santa Barbara, 1923, on the causes, effects, and some of the remedies of malnutrition. "The Pacific Coast Journal of Nursing", August 1923, page 488.

Expenditures of Health Departments

Section 11 from the forthcoming report of the Committee on Municipal Health Department Practice, of the American Public Health Association. "American Journal of Public Health", June 1923.

The Work of the Ministry of Health

A review of the work of the Ministry, by Mr. Neville Chamberlain, British Minister of Health. "The Medical Officer", July 7th, 1923, page 5.

Canadian Red Cross Society Report

Annual report of the Executive Committee and Review of Activities of Provincial Divisions for the year 1922.

American Red Cross Pamphlets

The American Red Cross have recently issued revisions of the following pamphlets, copies of which may be obtained upon application to the Canadian Red Cross Society:

Information for Nurses Concerning the Red Cross Public Health Nursing Service.

Nursing Equipment for American Red Cross Public Health Nurses.

First Aid Instruction.

Red Cross Manual for Home Nursing Classes

A manual for home nursing classes has recently been issued by the Canadian Red Cross Society. Copies may be obtained from the Executive Officers of Provincial Divisions. Price 25 cents

Book Reviews

Rest and Other Things, a Little Book of Plain Talks on Tuberculosis Problems, by Allen K. Krause, A.M., M.D., Associate Professor of Medicine, Johns Hopkins University and Director Dows Tuberculosis Research Fund, Johns Hopkins University. Small 8vo, 159 pages. Williams and Wilkins Company, Baltimore, 1923. Price \$1.60.

This handy publication by Professor Krause is composed of 8 addresses given at various times by the author. They are not technical but such as a layman might read and enjoy. They are nevertheless full of valuable teaching and much wisdom.

The value of rest as compared with any other form of treatment is emphasized in the first two essays. The problem of the infection of children and the mode of entrance is not dealt with. The remainder of the book is given up to general tuberculosis problems. This part should be read by every medical man. It will give a very enjoyable and profitable evening.

How We Resist Disease, by Jean Broadhurst, Ph.D., Assistant Professor of Biology, Teachers' College, Columbia University. 248 pages, 138 illustrations and 4 color plates. J. B. Lippincott Company, Philadelphia and London.

This book marks a new addition to the list of Lippincott's nursing manuals and promises to be of exceptional value in the elucidation of this rather technical subject of resistance and immunity. The aim of the book is to put into fairly simple language the main principles underlying this extensive subject, avoiding, as far as possible, lengthy descriptions of processes, reactions, etc., and especially detailed descriptions of technique involved. This is particularly noticeable in the chapter dealing with the Wassermann test, in the description of which many of the details of technique have been omitted, while the general principles involved are clearly illustrated by numerous diagrams and the simple language of the text.

An interesting feature is the listing of a series of suggested questions for study at the end of each chapter. Some of these questions partake of the nature of a review of the chapter, while others deal with related topics which would require consulting other more advanced works on the subject, and are especially adapted for those students who wish to pursue their study still further.

I. H. E.

Editorial

A NEW REPORT ON VENEREAL DISEASES

Elsewhere in this issue reference is made to a report on the Diagnosis and Treatment of Venereal Disease, compiled by the Medical Committee of the Canadian Social Hygiene Council, acting under the Chairmanship of Dr. E. E. King of Toronto, and issued by the Dominion Department of Health. The report is the result of the labours of a large committee of physicians and represents an attempt to put into easily accessible form a great deal of information about many aspects of the Venereal Diseases. The report, a copy of which has been forwarded to each physician in the Dominion, will fill an obvious need and should be of great value not only in clinics but to the average physician who will find in this unique brochure the answer to many questions which come up every day in connection with the medical control of Venereal Diseases. Both the Dominion Department of Health and the Canadian Social Hygiene Council are to be congratulated on this piece of work.

PERNICIOUS LITERATURE

In this issue there appear a number of letters dealing with the question of objectionable literature on sale in Canadian news stands. The editorial below is reprinted from the *Social Hygiene Journal*. It is gratifying to know that both in the United States and Canada there is a feeling that strenuous action should be undertaken to eliminate the literary scavengers and filth mongers from our news stands. Further correspondence and suggestions from our readers will be welcomed.

"Several recent periodicals have called attention to the passing of the dime novel,—the lurid-covered 'Dead-eye Dick,' 'Nick Carter,' and 'Jesse James' thrillers which in former days, when concealed in the pages of a geography, distracted many a boy's thoughts from the boundaries of Peru or the heights of Mt. Himalaya. Perhaps their influence was not of the best but it seems doubtful that it could be as pernicious as that of many of the present-day crop of tawdry and vicious short-story magazines which are displayed on the news stands.

"Once again Dick's trusty revolver blazed forth; six more redskins bit the dust!" Not exactly the finest sort of literature for a growing boy, but was it as harmful as the sex-steeped, aphrodisiac, poorly-written rubbish which may be found to-day within the covers of the type of magazine classed as 'spicy'?

"The steady increase in the number of such publications indicates that

a profitable clientele exists for them, and many observers have noted the widespread distribution of these magazines among young and impressionable boys and girls. Their stories, unsound in logic and unreal in structure, often glorify sex promiscuity and picture the rewards of vice as of far greater value than those of virtue. Chivalry and decency are dealt with as attributes to be derided; to be 'wise' is held up as the one most desirable goal, this 'wisdom' being defined as that of the libertine.

"Social-hygiene and other organizations looking toward public betterment are waking to the dangers of these publications. Both in the United States and Canada, parents, educators, religious leaders, and others of influence in their communities are meeting to discuss ways and means by which their publishers may be forced either to clean up or go out of business. The one best method probably is to make them unprofitable. Your newsdealer will not long continue to carry wares against which an important portion of his customers protest. You and your fellow townspeople would not purchase your roasts and chops from a butcher who carried tainted meat along with the good. Why not apply the same principle to your purchase of mental food?"
